



**APPLICATION FOR EMPLOYMENT**

INSTRUCTIONS: All applications for employment must be made on this form. Applicants are urged to carefully consider each question, and having done so, to fill in all the blanks accurately by printing or typing. Neatness is important. All information submitted is subject to verification. A false or misleading response may result in disqualification of employment from Zuni Technologies, Inc.

Title of job for which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Check all types of work you will accept: Drivers License No./State \_\_\_\_\_  
 \_\_\_ permanent \_\_\_ full-time \_\_\_ part-time \_\_\_ temporary \_\_\_ day shift \_\_\_ night shift

Tribal Affiliation: \_\_\_ Zuni \_\_\_ Other Tribe \_\_\_\_\_ Census Number: \_\_\_\_\_

When will you be available to start work? \_\_\_\_\_ Minimum acceptable salary: \_\_\_\_\_

Circle your highest education level: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

Are you a High School Graduate? \_\_\_ Yes \_\_\_ No Year: \_\_\_\_\_ GED Year: \_\_\_\_\_

Post Secondary	Location	Course or Major Study	Credits completed		Degree-Certificate Received		
			Sem hrs.	Qtr hrs.	None	Type	Year

SPECIAL QUALIFICATIONS AND SKILLS: List any qualifications and skills you possess which are required for the job. Indicate any training you have had which is directly related to the work to the job for which you are applying. (This assists us in the screening process). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

TO THE APPLICANT: The ZTI, Inc. an equal opportunity employer, however, ZTI, Inc. provides preference to local Indians.

The information below is used for statistical purposes only. Your cooperation in furnishing the information would be greatly appreciated.

CHECK ONE: \_\_\_ Male \_\_\_ Female  
 \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian American \_\_\_ American Indian

Who prompted you to apply? \_\_\_ Newspaper \_\_\_ Radio \_\_\_ Referred by employment agency  
 \_\_\_ Read job announcement \_\_\_ Referred by employee \_\_\_ Just dropped by the office \_\_\_ Other \_\_\_\_\_

Presently employed? \_\_\_ Y \_\_\_ N Presently in school? \_\_\_ Y \_\_\_ N Tribal employee? \_\_\_ Y \_\_\_ N

EXPERIENCE: Start with present to most recent job. Include military service. Use additional employment experience sheets if necessary. Civilian or military experience more than 10 years ago may be omitted if inapplicable to the job you are now seeking.

May inquiry be made of your present employer regarding your character, qualifications, and records of employment? Check one: \_\_\_ Yes \_\_\_ No

**PRESENT OR MOST RECENT JOB**

Employer's Name:		Type of Business:
Address:		
Phone No.:	Dates of employment: _____ From _____ To _____	
Job Title:	Final Salary:	Supervisor's Name:
Description of duties, responsibilities, and accomplishments:		
Reason for Leaving:		

Employer's Name:		Type of Business:
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Job Title:	Final Salary:	Supervisor's Name:
Description of duties, responsibilities, and accomplishments:		
Reason for Leaving:		

Employer's Name:		Type of Business:
Address:		
Phone No.:	Dates of employment: _____ From _____ To _____	
Job Title:	Final Salary:	Supervisor's Name:
Description of duties, responsibilities, and accomplishments:		
Reason for Leaving:		

**REFERENCES:** List three persons not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed above.

Name	Address	Phone Number	Years Known

Are you a legal resident of the U.S.? (In compliance to Form I-9) \_\_\_ Yes \_\_\_ No

IF YOU ANSWER ANY OF THE FOLLOWING QUESTIONS "YES," PLEASE EXPLAIN AT ITEM 20.

Have you been fired or asked to resign a job within the last five years? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a crime in a civilian or military court? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of DWI within the last five years? \_\_\_ Yes \_\_\_ No

(A crime record may not necessarily disqualify you from employment)

REMARKS OR ADDITIONAL INFORMATION

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CERTIFICATION: I certify that the statements contained herein are true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date